

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000180234

**Entity Name:** ALSIHA LLC

**Current Principal Place of Business:**

569 HEALTH BLVD  
SUITE C  
DAYTONA BEACH, FL 32114

**Current Mailing Address:**

569 HEALTH BLVD  
SUITE C  
DAYTONA BEACH, FL 32114 US

**FEI Number:** 82-2614880

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ANTOS, DORIS  
569 HEALTH BLVD  
SUITE C  
DAYTONA BEACH, FL 32114 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name ANTOS, DORIS  
Address 569 HEALTH BLVD SUITE C  
City-State-Zip: DAYTONA BEACH FL 32114

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DORIS ANTOS

**OWNER**

**03/14/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date